

# Attachment H.4\_C\_Proposed OBGYN Profile Report



Provider Name

Physician Quality Measurement Report

Provider Number

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Address: Provider Address  
Suite  
MANGHAM LA 71259

Phone:  
FAX:

Measure	Your Rate			Comparison Rates			
	Numer	Denom	Rate	Provider Group Rate	LHCC Plan	NCQA 75th Percentile	DHH Benchmark
Breast Cancer 14	5	8	62.50	52.78	49.47	57.71	
Cervical Cancer 14	14	37	37.84	48.77	48.43	71.96	
Chlamydia Screen 14 - Total	5	26	19.23	41.75	43.29	63.72	
Administration of 17P	3	5	60.00	68.67	52.26		
Notice of Pregnancy	142	173	82.08	34.18	39.65		
Prenat Post Care 14 - Postpartum	1	3	33.33	50.00	76.66	70.20	
C-Section Rate	50	173	28.90	49.00	49.66		
STI Panel							

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\*\* Template for OB/GYN Incentive Measures (All numbers are not factual)

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